



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of:**

**Günther Spatz, et al.**

**Serial No.:** 10/070,715

**Filed:** August 7, 2002

**For:** DEVICE AND METHOD FOR  
FILLING CONTAINERS

**Examiner:** Christopher R. Harmon

**Group Art Unit:** 3721

**Attorney Docket No.:** 2169.GLE.PT

**PATENT**

12/13  
K. Copy  
10/6/03

**CERTIFICATE OF MAILING**

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*Julie K. Morris*  
Signature of registered practitioner or other  
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**AMENDMENT**

MAIL STOP NON-FEE AMENDMENT  
Commissioner For Patents  
P. O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Responsive to the Office Action mailed July 8, 2003, the Applicants amend the application as follows:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

Total Number of Pages in This Submission  
(including this sheet)

8

Application Number	10/070,715
Filing Date	August 7, 2002
First Named Inventor	Günther Spatz
Group Art Unit	3721
Examiner Name	Christopher R. Harmon

Attorney Docket No. 2169.GLE.PT

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Extension of Time Request _____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal _____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
<input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief		<b>Remarks</b>
<input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$_____ <input type="checkbox"/> Credit card authorization in the amount of \$_____ <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings _____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal		

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**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

Attorney for Applicant	Julie K. Morrise, Registration No. 33,263 MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile		
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Signature	<i>Julie K. Morrise</i>	Date	9-24-03
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**CERTIFICATE OF MAILING UNDER 37 CFR § 1.8**

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Typed or Printed Name	Julie K. Morrise		
Signature	<i>Julie K. Morrise</i>	Date	9-24-03

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